

FINAL DRAFT
Washington State Board of Health
STATEMENT OF POLICY ON POSSIBLE 2006 LEGISLATIVE ISSUES

It is the policy of the Washington State Board of Health (Policy 01-001) to monitor and comment on issues before the Legislature that alter the Board's statutory authority, run counter to a policy direction the Board has established in rule, or directly relate to one of the policy priorities established by the Board. In addition, the Board thought it prudent to discuss some major issues likely to appear on the Legislature's agenda and to reach agreement on the sense of the Board prior to session. This document represents the sense of the Board on a limited number of significant issues that the Board discussed as a whole prior to session, and is intended to guide Board staff and individual Board members in their communications. This is neither an exhaustive nor a prescriptive list of issues that Board staff will monitor or Board members may comment on under Board policy. Board staff, as always, will review and monitor an extensive list of proposed legislation.

The following statements represent the sense of the Board:

- **Access to Health Care:** The Board encourages the Legislature to protect, and if possible improve, access to health care. It is particularly concerned about access for children, and about how inequities in access to and availability of care contribute to health disparities. The Board supports an evidence—and population-based approach—such as the Board's "Menu of Critical Health Services"—to the design of safety net programs and benefits packages. This approach would first emphasize stable and adequate funding for public health infrastructure. In terms of personal medical care, it would emphasize primary and preventive care, as well as disease management for chronic conditions, and it would give equal weight to evidence supporting the benefits of programs such as dental care, substance abuse treatment, and mental health services. The Board believes stable funding is necessary to achieve universal access to such a core set of services, and that achieving stable funding would require broad-based agreement on the menu of core services; prioritization of those services; establishment and tracking of measurable outcomes; and reformation of basic financing mechanisms.
- **Children's Preventive Services:** The Board encourages policy makers to place a very high priority on promoting delivery of children's clinical preventive services. It supports maintaining publicly funded coverage for low-income children, including immigrant children, as necessary to ensure access to clinical preventive services (though coverage is not sufficient by itself). It believes the state should proactively encourage enrollment in public programs that insure low-income children and eliminate disincentives. It does not support cost-sharing requirements or administrative barriers that would discourage participation. The Board urges policy makers to pursue a range of incentives, including financial incentives for parents, to assure that all Washington's children, regardless of race, ethnicity, socioeconomic status, geography, and their parents' insurance coverage, receive proven clinical preventive health services.
- **Early Learning:** The Board supports comprehensive early learning programs that provide health prevention and promotion alongside educational programs. Such programs have the potential to reduce health disparities for poor and at-risk students, and in the long run ensure that a larger and more diverse group of students is prepared to pursue health careers. The Board would support cost-effective efforts to increase the visibility and coordination of early learning programs across state governments.
- **Genetics and Privacy:** The Board will support the components of legislation that are consistent with the recommendations of the Genetics Task Force.

- **Health Disparities:** The Board endorses the Joint Select Committee on Health Disparities' recommendations, which call for the creation of a statewide action plan and describe elements that should be included in that plan. Because of its past work on promoting greater diversity in the health care workforce, the Board is particularly pleased to see recommendations related to workforce development and the gathering of race and ethnicity data on the existing workforce. The Board believes that the Legislature and the Governor should determine which entity is best suited to convene any effort to develop a strategic and coordinated plan for addressing health disparities, but it believes such an effort must be highly collaborative and should involve the Board. The Board is willing to play a leadership role if called on, provided that adequate resources are available.
- **Immunizations:** The Board is engaged in a process to establish criteria for including a vaccine-preventable disease on the list of diseases that children entering school or child care must be immunized against. It will evaluate new and existing vaccines against those criteria. It believes that authority to mandate vaccines should reside with the Board. The Board is also participating in processes to clarify the costs and benefits of universal vaccine purchases to the state and to assess the relative benefits to society of individual vaccine products. Until these processes are completed, the Board would oppose any efforts to change the state's current practice of purchasing for all children those vaccines recommended by the Advisory Committee on Immunization Practices. The Board does not believe current data supports the notion that thimerosal preservative leads to neurological disorders such as autism. The Board supports the elimination of mercury-based preservatives from vaccines as a precaution, but opposes bans on vaccines containing thimerosal if those bans might harm individuals for whom a particular vaccine is medically indicated.
- **Mandated Benefits:** The Board believes the state has an interest in encouraging utilization of proven preventive practices. The Board would prefer a system that provides universal access to such services. Under the current health care financing system, though, one barrier to utilization of preventive services is underinsurance. While it is important to reduce the cost of insurance, removing requirements that insurers cover preventive practices will have limited or no impact on short-term premium costs, and will likely impose significant long-term health and social costs on individuals, the state, and society.
- **Medical Home:** The Board believes that everyone in Washington, but particularly children, should have access to a "medical home." A medical home is an entity that promotes wellness for individuals and their families by coordinating care across all health circumstances, underlying conditions, health service needs, and settings over time. It assures that an individual or family has a central resource for health and wellness information, a health partner who advises on health decisions and coordinates all care, a central point for collection and coordination of key individual health information, and an individualized health plan that is actively implemented both by the individual or family and by their health service provider team. A medical home in its broadest sense may also be referred to as a "health home." The Board encourages efforts to encourage a medical home for all children. Such efforts may include, but should be limited to, efforts to reduce the number of uninsured children.
- **Mental Health:** The Board has heard from local health jurisdictions that the lack of adequate community resources needed to address behavioral problems and mental illness is a major public health problem. The work of advocacy groups, the Joint Legislative Executive Committee on Mental Health Services and Financing, and other entities suggests that mental health services are inadequate across most of the state, and that Washington's mental health safety net is wholly inadequate to deal with current needs. Mental health issues that go unaddressed place huge demands on the health care delivery system, public health, and the criminal justice system. The Board encourages support of community mental health programs that promote a preventive, population-based, and public health approach to care.
- **Nutrition and Physical Activity:** The Board believes public policy should encourage greater levels of physical activity and improve opportunities for healthy nutrition, particularly in communities that are currently underserved (those without access to parks, for example, or affordable fruits and vegetables).

It supports efforts to integrate public health concerns into land use, transportation, and community development planning to ensure that the social and physical environments promote healthy behaviors.

- **Onsite Sewage:** In October 2004, the Board adopted Resolution 04-04, which relates to operation and maintenance of septic systems along marine shorelines. In July 2005, the Board revised its rule governing small onsite sewage systems. The Board would support legislative efforts that apply science to onsite regulation and are consistent with the intent of Resolution 04-04 and the existing rule. Such efforts would include programs to improve communication about the previous maintenance of existing septic tanks at the time of property transfer, as well as programs that would help homeowners afford repairs to failing systems.
- **Oral Health:** The Board is concerned about the poor levels of access to children's oral health care, and encourages the state to explore solutions that include maintaining Medicaid and SCHIP dental coverage to the degree possible and expanding the use of fluoridation as a population-based approach to preventing dental caries in people with limited access to oral health care.
- **Persistent Bioaccumulative Toxins:** The Board supports the goals and intent of the Department of Ecology's *Proposed Strategy to Continually Reduce Persistent Bioaccumulative Toxins (PBTs) in Washington State*. It has also supported the Mercury Action Plan. It would support development and implementation of an action plan for polybrominated diphenyl ether (PBDE) and would endorse a ban on those forms of PBDE that can be shown to be harmful to human health.
- **Public Health Funding:** The Board supports establishment of a stable and secure funding source for public health that would be adequate to enable local health jurisdictions, the Department of Health, and the Board to meet the standards developed by the Public Health Improvement Partnership as required under RCW 43.70 (notably sections -520, -550, and -580).
- **Regulatory Reform:** The Board supports efforts to create less burdensome and less intrusive models of state regulation, but only so long as those models do not deny vulnerable citizens the protection of the state.
- **School Environmental Health:** The Board, with the Department of Health, is engaged in rule making to establish standards for environmental health and safety in schools. The goals are to develop rules that proactively protect children's health; are based on the best available science; ensure accountability between school districts, local health jurisdictions, and their communities; support and promote current school health and safety programs that work; have the least burdensome regulatory structure; are compatible and consistent with existing related regulations (such as building codes); and are realistic about resource limitations of schools and local health jurisdictions. The Board believes this process should continue, but is also prepared to support legislative solutions consistent with these goals.
- **School Health:** The Board supports using science and public health best practice models to improve physical activity and nutrition policies and health practices in schools. This would include improving the quality and availability of school meal programs, which are a primary source of nutrition for many underprivileged children. It also supports school-associated programs that improve children's access to comprehensive primary and preventive services, either through school-based care or provider referrals. This includes programs to address chronic diseases such as asthma and diabetes. Accordingly, it would support proposals that would assure adequate school nurse-student ratios.
- **Tobacco:** The Board supports implementation of the Department of Health's *Tobacco Prevention and Control Plan*, including efforts aimed at minority communities with disproportionate tobacco use. It discourages any actions, such as further Tobacco Settlement securitization, that would undermine these proven successful efforts. The Board supports efforts to ensure that insurance plans for state employees cover tobacco cessation programs. It would also support a ban on "sampling"—tobacco product giveaways. The Board opposes changes to Initiative 901 before there had been a chance to gather data and adequately evaluate its impact over time.